## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-22-07</u>	Address:	122 S. CENTER
Case #:	24F28019		<u>PLYMOUTH, IN 46563</u>
County:	MARSHALL.		_ <del>_</del>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	theck all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/lodine Reaction(s):   Flammable Solvents: DUMPSTER   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s): DUMPSTER   Corrosive Acid:   Corrosive Base:   Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present) ☐ No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies that serve the location:			ne/Pseudoephedrine Tracking Log Ierchant Tip  Iocation:
Health De Child Prot	rtment: PLYMOUTH FIRE spartment: MARSHALL tection Service:	Fax: <u>574-</u> Fax: <u>574-</u> Fax:	<u>936-9247</u> 
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JASON FAULSTICH</u> Phone <u>1-800-552-2959</u> ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

\*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.